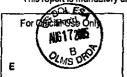
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 92/9	2 Fiscal Year Covered From		
	1/1/2004 Through 12/31/2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name THOMAS P LEAHY (Je)	Name HEAT - FROST INSUCATORS LOCAL #1		
	Labor Organization File Number 037-253		
PO Box, Bidg, Room No, if any	PO Box, Building and Room Number, if any		
Street 3371 SAN SEVILLA CT.	Street 3325 HOLLEN BERG DL		
CRY BRIDGETON	City BRIDGETON		
State	State M6 ZIP Code + 4 63 outs		
5 Position in labor organization BUSINESS ALENT			
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests		
(except as specified in the exclu	sions set forth in the Instructions)		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent		
	7 a Nature of Interest, Transaction, or Income		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
6 Name and address of Employer (including trade name, if any) Name	7 a Nature of Interest, Transaction, or Income		
	7 a Nature of Interest, Transaction, or Income		
Name Trade Name, if any	7 a Nature of Interest, Transaction, or Income		
Name	7 a Nature of Interest, Transaction, or Income 7 b Amount		
Name Trade Name, if any	,		
Name Trade Name, if any PO Box, Bldg , Room No , if any Street	,		
Name Trade Name, if any: P O Box, Bldg , Room No , if any Street City	,		
Name Trade Name, if any PO Box, Bldg , Room No , if any Street	,		
Name Trade Name, if any PO Box, Bldg , Room No , if any Street City State ZiP Code + 4	,		
Name Trade Name, if any PO Box, Bldg , Room No , if any Street City State ZiP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		
Name Trade Name, if any: PO Box, Bldg , Room No , if any Street City State ZIP Code + 4 Signature and ventication. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
Name Trade Name, if any: PO Box, Bldg , Room No , if any Street City State ZIP Code + 4 Signature and ventication. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing		File Number U-			
B Heid an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	3			
8 Name and address of Business (including trade name, if any)	9 Business deals with				
Trade Name, if any	a Labor Organiza	tion			
P O Box, Bidg , Room No , if any Street	c Employer				
City Zip Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealli	ng		_	
Name					
P.O Box, Bldg Room No , if any					
Street	11 b Approximate dollar valu	e of such dealing]	
City	12.a Nature of interest held	or income received		=-	
State ZIP Code + 4					
	12 b Amount.			Ī	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		•	7	
Name HUSCH + EPPENBERER, CCC	I TICKET GAME AFT TAUSTEE!	TO BASEB	ALL		
Trade Name, if any	TOUSTEE	METING	7/ ~ C	-	
PO Box, Bldg , Room No , if any SUITE 600	//030/32				
Street 190 CARONOELET City 57/Louis				1	
State 110 ZIP Code + 4 63/05					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		\$60,00		